## PATENT APPLICA : FEE DETERMINATION RECORD



Application of Docket Number 10/507483

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |                                    |                   |                  | SMALL ENTITY TYPE   |                        |      | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|---|---------------|------------------------------------|-------------------|------------------|---------------------|------------------------|------|----------------------------|------------------------|
| T   | OTAL CLAIMS                                    | 3   |               |                                    |                   |                  | RATE                | FEE                    | 7    | RATE                       | FEE                    |
| F   | DR .   |   | NUMBER FILED  |                                    | NUMBER EXTRA      |                  | BASIC F             |                        | OR   |                            | 1/2                    |
| TO  | OTAL CHARGE                                    | ABLE CLAIMS                               | /8 mi         | nus 20=                            |                   |                  | XS 9:               | :                      | OR   | X\$16=                     | 1                      |
| INI   | DEPENDENT C                                    | LAIMS                                     | 3 minus 3 = * |                                    |                   |                  | X43=                | 1                      | OR   | X86=                       |                        |
| М   | ULTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT        |                                    |                   |                  | -145:               |                        | OR   | -290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |               |                                    |                   |                  |                     | _                      | OR   | TOTAL                      | (9)                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |               |                                    |                   |                  |                     | L ENTITY               | OR   |                            | THAN<br>ENTITY         |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ST<br>SER<br>USLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | •   | Minus         | **                                 |                   | =                | XS 9=               | ·                      | OR   | XS18=                      |                        |
| AME   | Independent                                    | -   | Minus         | ***                                |                   | =                | X43=                |                        | OR   | .X86=                      |                        |
|   | FIRST PRESE                                    | ENTATION OF MI                            | JETIPLE DE    | PENDENT                            | CLAIM             |                  | +145=               |                        | OR   | +290=                      |                        |
|   |  |   |               |                                    |                   |                  | TOTA<br>ADDIT. FE   |                        |      | TOTAL<br>ADDIT. FEE        | -                      |
| (Column 1) (Column 2) (Column 3)  |  |   |               |                                    |                   |                  |                     |                        |      |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY        | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON<br>NON  | Total  | •   | Minus         | ••                                 |                   | =                | X\$ 9=              | . (                    | OR   | X\$18=                     | ·                      |
| AME   | Independent                                    | 1747101 0544                              | Minus         | ENDENT OF AUA                      |                   | =                | X43=                |                        | OR:  | X86=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                    |                   |                  |                     |                        | OR.  | +290=                      | ·                      |
|   |  |   |               |                                    |                   |                  | TOTAL<br>ADDIT. FEI |                        | OR , | TOTAL<br>ADDIT, FEE        |                        |
|   | (Column 1) (Column 2) (Column 3).              |   |               |                                    |                   |                  |                     |                        |      |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·             | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | ER<br>JSLY        | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NON   | Total  | *   | Minus         | 44                                 |                   | =                | X\$ 9=              |                        | OR   | X\$18=                     |                        |
| AME   | Independent                                    |   | Minus         |                                    |                   | = .              | X43=                |                        | OR   | X86=                       |                        |
|   | TRS I PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                    |                   |                  |                     |                        |      | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **ODIT. F |  |   |               |                                    |                   |                  |                     |                        |      | TOTAL<br>DDIT. FEE         |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |   |               |                                    |                   |                  |                     |                        |      |                            |                        |